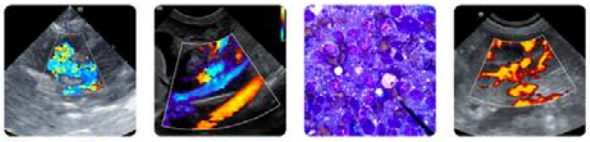

PATIENT

Twinkie Lopez

SPECIES

Canine

BREED

Basset x

SEX

Spayed Female

AGE

14 Years

WEIGHT

46 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Solonynka

INVOICE

72953

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Suspect mass observed on plain radiographs near pylorus/duodenum/pancreas (with possible mineralization). Patient complains of intermittent nausea, anorexia, abdominal pain

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (5.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. Within the cranial pole there is a 5.7 mm x 8.1 mm hyperechoic nodule present. This does not appear to be a functional mass at this time. The cranial pole measures 7.7 mm and the caudal pole measures 5.8 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.1 mm and the caudal pole measures 6.0 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow noted.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

In the area of the pylorus of the stomach, the pyloric wall appears to have lost normal layering and be of variable thickness. It appears there is a mass located at the gastric pylorus. The thickest area measures 1.2 cm in width, and other sections measuring 0.43 cm in width. There are multiple views of this area of the stomach. There are images where the lesion appears more circumferential. The stomach does contain a moderate amount of gas and partially digested food. It does appear that there is a pyloric outflow tract obstruction, which correlates with the appearance of the pylorus being thickened and appearing mass-like. Most likely the lesion in the pylorus is causing a pyloric outflow tract obstruction. The pyloric mass appears to an intramural mass lesion with one focal lesion where it appears the mass is intraluminal. This intraluminal aspect of the pyloric mass lesion measures 1.3 cm in width.

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The duodenum at the pyloroduodenal junction is thickened and has loss of normal layering. Duodenum wall measures approximately 6.5 mm in width in this region.

The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Pylorus mass lesion - Suspected that it may be an adenocarcinoma or possibly leiomyosarcoma, less likely lymphoma. At this time, a benign etiology for the lesion is possible but not likely. This is where a CT scan would be very beneficial for this patient.
- Thickened duodenum and the pyloroduodenal junction – neoplastic cause suspected (adenocarcinoma, leiomyosarcoma, possibly lymphoma)
- Hyperechoic nodule cranial pole right adrenal gland - Most likely an incidentaloma and most likely not significant at this time, given that remainder of the adrenal gland morphology (both left and right) is normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the anatomic complexity of the changes seen in the pylorus region of the stomach, at this time I would recommend the next diagnostic step to be a CT scan of the patient's abdomen to further evaluate the changes seen on this ultrasound. If CT scan does confirm a mass lesion in the pylorus, then recommend endoscopic evaluation of the stomach to obtain biopsies for histopathology to determine the etiology of this mass lesion.

Patient's prognosis is currently guarded pending further diagnostic described in this ultrasound.

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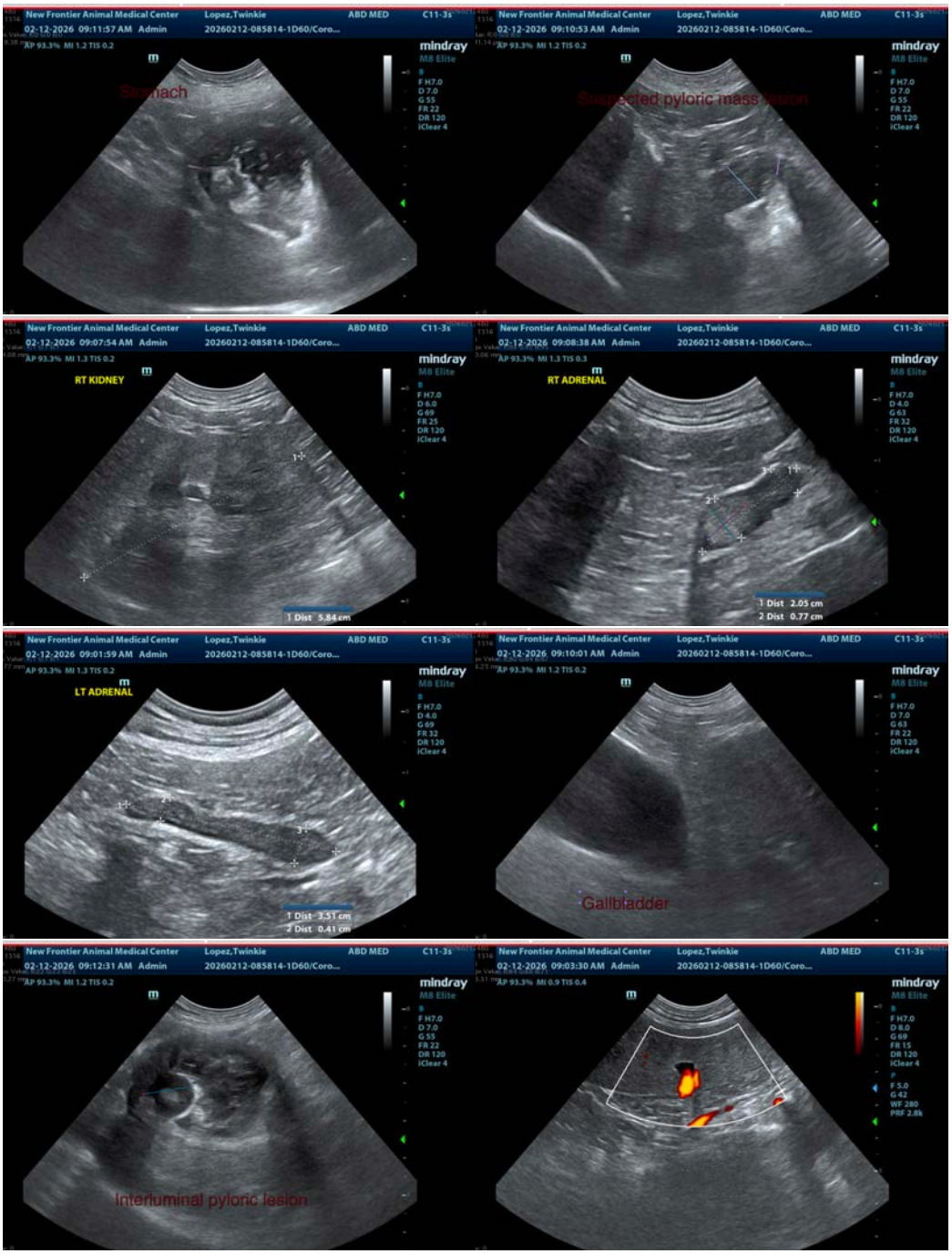

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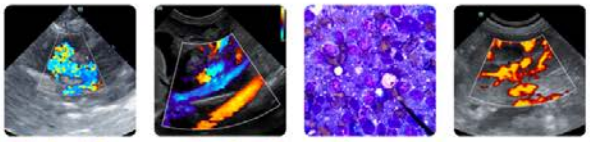

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com